AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

_	uri Department of Labor and Industrial Relations to		
long as the obligation remains in not give the banking institution periods for which a demand for Industrial Relations, Division of	on letter of credit numbern force and effect. Release of this information to authority to request information other than in propagation of the payment is being made. I also release the Employment Security, and Division personnel for the release and disclosure of confidential information.	o the named banking formation concerning Missouri Departmen rom any and all liabilit	the delinquent t of Labor and y under section
In witness whereof I, (We) ha	ve duly executed the foregoing this		day
of	, 20		
Lessor Employing Unit		Typed and Printed	
Unemployment Contribution Account N	Number		
Owner/Officer		Signature	
Name and Title		Typed and Printed	
Before me personally appear that s/he signed the foregoing a		who	acknowledges
	and affixed my official seal at my office in this _		day
of 20	·		
My term expires			
		Notary Public	